

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form U3C

June 2015

Form must be Typed
Form must be completed
on a per well basis

ANNUAL REPORT OF PRESSURE MONITORING, FLUID INJECTION AND ENHANCED RECOVERY

Complete all blanks - add pages if needed. Copy to be retained for five (5) years after filing date.

OPERATOR: License # 31086
Name: Richlan Drilling, a General Partnership
Address 1: 598 2ND AVE
Address 2: _____
City: BEAVER State: KS Zip: 67525 + 9226
Contact Person: Rick Schreiber
Phone: (620) 587-3605
Lease Name: NORTON
Well Number: 2

API No.: 15-009-03326-00-02
Permit No: D19887.0
Reporting Year: 2018
(January 1 to December 31)
____ - SW - NW - SW Sec. 21 Twp. 16 S. R. 12 ☐ E ☒ W
(a/a/a/a)
1700 feet from ☐ N / ☒ S Line of Section
5082 feet from ☒ E / ☐ W Line of Section
County: Barton

I. Injection Fluid:

Type (Pick one): ☐ Fresh Water ☐ Treated Brine ☒ Untreated Brine ☐ Water/Brine
Source: ☒ Produced Water ☐ Other (Attach list)
Quality: Total Dissolved Solids: _____ mg/l Specific Gravity: _____ Additives: _____
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 0 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 1000 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: _____ (Include TA's)

III.	Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
	January	<u>2015</u>	_____	_____	_____	<u>31</u>
	February	<u>1820</u>	_____	_____	_____	<u>28</u>
	March	<u>2015</u>	_____	_____	_____	<u>31</u>
	April	<u>1950</u>	_____	_____	_____	<u>30</u>
	May	<u>2015</u>	_____	_____	_____	<u>31</u>
	June	<u>1950</u>	_____	_____	_____	<u>30</u>
	July	<u>2015</u>	_____	_____	_____	<u>31</u>
	August	<u>2015</u>	_____	_____	_____	<u>31</u>
	September	<u>0</u>	_____	_____	_____	<u>0</u>
	October	<u>0</u>	_____	_____	_____	<u>0</u>
	November	<u>0</u>	_____	_____	_____	<u>0</u>
	December	<u>0</u>	_____	_____	_____	<u>0</u>
	TOTAL	<u>15795</u>	_____	<u>0</u>	_____	_____

Submitted Electronically